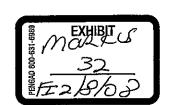
Case 1:07-cv-06999-DLC Document 25-6 Filed 03/25/2008 Page 1 of 31

# **EXHIBIT K**

	1:07-cv-06999-DLC Docur	nent	25-6 Filed 03/2	5/2008 Page	2 of 31
NYS-45-MN	AUU VIICIDIUVI	Withh ment	Olding, Wage Reporti Insurance Return	ing, 🔸	
Reference these ran umbers in all corres	spondence:	Chec	k only one box to indicate t		5 2 1 4 1 1
UI Employer Registration N umber 464	1541 9	quart	parate return must be comp er) and enter the tax year.		FOR OFFICE USE ONLY ——
Withholding Identification of umber 113  Employer Legisl Name:  B & M L INEN	150042 8	Ma 1	n 1 - Apr 1 - July 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	A Dec 31 U 5	Received Date
Numbe of Employees	a. First Month	1: 350	sonal employer, mark an		
Enter the numbe of full-time and pa employees who vorked during or re week that includes the 12th day of e	ceived pay for the	L	b. Second Month	c. Third Month	UT AI SI WT SK
Part A - Une mployment li	nsurance (UI) Information	P	art B - Withholding	Tax (WT) Informa	tion
			_	, ,	
1. Total remune ration paid this quarter	513123.00	12	New York State tax withheld	•••	11443.80
2. Remuneration paid this quarter to each employee in excess of \$8,500 since J anuary 1	404637.00	13	3. City of New York tax withheld	•••	6215.21
3. Wages subject to contribution (subtract line 2 from line 1) 4. UI contributions due	108486.00	14	City of Yonkers     tax withheld	<b></b>	0.00
Enter your 3,3250%	3607.16	15	5. Total tax withheld (add lines 12, 13 and 14)		17659.01
5. Re-employm ent service fund (multiply line 3 × .00075)	81.36	16	<ol> <li>WT credit from previous quarter's return (see instr.)</li> </ol>		0.00
<ol> <li>UI previously underpaid with interest</li> </ol>	0.00	17	Form NYS-1 payments made for quarter		. 0.00
7. Total of lines 4, 5, and 6	3688.52	18	Total payments (add lines 16 and 17)		0.00
3. Enter UI previously overpaid	0.00	19	<ul> <li>Total WT amount due (if line is greater than line 18, enter difference)</li> </ul>		17659.01
Total III amounts due (if line 7 is greater than line 8, enter difference).  Total III overro aid (if line 8)	3688.52	20	<ul> <li>Total WT overpaid (If line 18 is greater than line 18, error ofference here and mark on X in 20a or 20b)</li> </ul>	•	0.00
<ol> <li>Total UI overp aid (if line 8 is greater than line 7, enter difference and check box 11 below)*</li> </ol>	.0.00	20a	. Apply to outstanding liabilities and/or refund	or <sup>20b.</sup> Cre with	edit to next quarter hholding tax
. Apply to outstanding liabilities and/or refund			add lines 9 and 19; make one		01245 50
* ăn asas	remittance paya	ble to N	YS Employment Taxes)		21347.53
Complete P	payment of either tax cannot be arts D and E on back of form, if rec	e use: Juired.	o to onset the amou: .This is a scannable fo	nt due on the oth rm; please file the	ier tax. original.
	Part C – Employee Wa			ion	
	wage reporting information (if more not make entries in this section; cor				d withholding totals  arter or the last return you will be  complete columns (d) and (e).
a Social security number	b Last name, first name, middle initial	,	Ut fotal remuneration/gross wages paid tels quarter	d Gross wages or distrit (see instructions)	



Totals (Column	(c,	must equ	al remune	ration on	line	i; see	instructions for	r exceptions.)	

axpayer's signature Signer's name (please print) Title

Date

Telephone number

10-17-2007

Withholding Identification Number 113150042



#### Part D - NYS-1 Corrections/Additions

Use Part D only for corrections/additions for the quarter being reported in Part B of this return. To correct original withholding information reported on Form(s) NYS-1, complete columns a, b, c and d. To report additional withholding information not previously submitted on Form(s) NYS-1, complete only columns c and d. Lines 12 through 15 on the front of this return must reflect these corrections/additions.

	<u> </u>		
4 .	]D	į c	α
<b>O</b> riginal	Original	Correct	Correct
last payrolf date reported on	total withheld	last payroll date	total withheld
Form NYS-1, Line A (MMDD)		(MMDD)	

### Part E - Change of business information

22. Enter below the address at which you want to receive this form, if different from the preprinted address.

B & M LINEN

220 COSTER STR

BRONX, NY 10474

Taxpayer's trade name					
c/o; 🔲	attn:	l applicable, mark either box	and entername)		
Number an	d street or F	box			
City		State	ZIP code		

If the above address is for your paid preparer, check box ......

23.	If you permanently ceased paying wages, enter the date (MMDDYY) of the final payroll
	(see Note Delow)

24. Did you sell or transfer all or part of your business?

Yes

No

If Yes, indicate if sale or transfer was in

Whole o

Part

Complete Form DTF-95, Business Tax Account Update, to report changes in federal identification number/ withholding ID number, ownership, pusiness name, business activity, telephone number, owner/officer/partner/responsible person information or changes that affect any other tax administered by the NYS Tax Department. For questions regarding additional changes to your unemployment insurance account, call 518) 485-8589.

f you are using a paid preparer or a payroll service, the section below must be completed.

Paid preparer's	Preparer's signature	Telephone number 7189346445		Merk en Xif seit-employed	Preparer's SSN or PTIN
use	Preparer's firm name (or yours, if self-employed)	Address3105 BRIGHT	ON 3RD ST	., Premarer's Ell	· · · · · · · · · · · · · · · · · · ·
	WEINSTEIN, GALAK & Co	BROOKLYN, NY 112	35	2010698	326

Payroll service name

Payroll service's EIN

hecklist for mailing:

- · File original return and keep copy for your records
- · Complete lines 9 and 19 to ensure proper credit of payment
- Enter your Withholding ID Number on your remittance
- Make remittance payable to NYS Employment Taxes
- Use enclosed envelope for mailing completed return and remittance
- Enter your telephone number in boxes below your signature
   Need help or forms? Call 1 800 972-1233

Mail to:

NYS EMPLOYMENT TAXES
PO BOX 4119

**BINGHAMTON NY 13902-4119** 

IYS-45-MN (1/05) (back)

#### Case 1:07-cv-06999-DLC Document 25-6 Filed 03/25/2008 ATT-MN Quarterly Combined Withholding, Wage Reporting, Filed 03/25/2008 S-45 -ATT-MN

and Unemployment Insurance Return - Attachment



Withholding Id entification Number: 113150042

(1/05)

B & M LINEN

Mark an X in the applicable box(es): A. Original \_\_\_ or Amended return \_\_

Employer Legal Name:

B. Other wages only reported on this page ..... \_

	C. Seasonal employer					
Quarter	y employee/payee wage reporting informa	tion	Annual wage and withhout this return is for the 4th quareturn you will be filing for the complete columns d and e.	arter or the last		
a Social security number		remuneration/gross paid this quarter	Gross wages or d distribution (see instr.)	e Total tax withheld		
132908834	ABRAHAM, SIMONIS SUPERVISO		20000.68	882.79		
583 <i>6</i> 92982	ACEVEDO, JOSE worked   mont	h 1913.13	1913.13	46.60		
5773 13915	ADEDAUBA, YACOUBA Supervisor	5790.00	21365.00	707.09		
083766909	AFOLABI, LASUPO Port Time	5950.00	22454.15	980.20		
084673543	AGULLAR, REMEDIOS	4120.40	15878.03	370.74		
133725685	ALCANTARA, VICTOR Independen	of 7090.00	25980.00	1331.07		
610660103	ALVAREZ, CLAUDIA	4179.73	15684.92	431.65		
087623014	ALVAREZ, JOSE A wasked \ N	eek 0.00	147.00	0.60		
1178 <b>6</b> 5625	ALVAREZ, JOSE JULIO	6769.90	24970.10	1137.31		
548999956	ALVAREZ, MODESTA	4645.53	16794.07	604.58		
121927959	AMARO, ISABEL M	4391.48	15035.81	370.38		
102716820	AUGUSTIN, ESPFANIA	3805.99	10243.55	245.30		
592542125	BAPTISTE, SONILIA Supervisor	4753.65	16920.76	613.76		
037164218	BARRUNDIA, LESTER worked \ ,	north 0.00	897.00	19.81		
584511702	BATISTA, DEMENCIO was ked IN	anth 175.00	1049.99	25.72		
729050437	BEATO, YUNICY Part Time	4061.75	11857.39	249.60		
	_ Total this page only	63061.56	221191.58	8017.20		
	page, enter grand totals pages	513122.82	1869439.98	64484.52		

Postmark	Received date		

Case 1:07-cv-06999-DLC

Document 25-6

Filed 03/25/2008

# NÝS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment

Page 5 of 31

Withholding Indentification Number: 113150042

Employer Legal Name:

B & M LINEN

Mark an  $\boldsymbol{X}$  in the applicable box(es):

A. Original \_\_\_ or Amended return \_

an 1- Apr 1- July 1- X Oct 1- 05 ar 31 \_\_\_ Juny 30 \_\_\_ Sep 30 \_\_\_ Dec 31 \_\_\_

B. Other wages only reported on this page ......

C. Seasonal employer .....

Quarterly employee/payee wage reporting information

Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

			complete columns d and e.	
a Social security number	b Last name, first name, middle initial wage	al remuneration/gross s paid this quarter	d distribution (see insir.)	e Total tax withheld
113827056	BENITEZ, ANNA	4237.99	16218.47	473.72
089554763	BENLTEZ, ESTHER PART TIME	0.00	1588.50	6.69
090589888	BERRIOS, EVELYN office	3425.00	14425.00	429.27
580058819	BLYDEN, GRACIA	2857.84	12768.21	385.63
123688132	BOBET, ILKA Part Time	3781.45	6714.75	181.90
090602672	BOBET, SANTOS R POUT TIME	5975.00	7132.14	340.89
141114586	BOUDA, YABRE VICTOR Supervi	5669.43	22194.11	887.82
142749630	BRAVO, MIRIAN	4598.29	17885.06	441.41
765073771	CABRERA, LEONEL	7009.09	18707.42	955.29
629117120	CANSINO, ANDREA Superviso	· 2846.25	4100.25	26.44
073562365	CASANOVA, VICTOR wa King ( )	10.00	1113.00	4.92
098781009	CASTELAN, ROCIO	3651.27	5560.77	105.47
582739111	CASTELL, DAVID Port TIME	7000.00	22533.32	958.57
055094764	CASTILLO, ABDULIO, Part Time	4188.00	6853.50	149.67
099821093	CEBALLAS; ALTAGRACI	3608.76	14903.70	439.03
936769221	CISSE, CHERIF M woolked 1	week 0.00	216.00	3.29
lf first	_ Total this page only page, enter grand totals ages	58848.37	172914.20	5790.01

Postmark Received date				

Filed 03/25/2008

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Quarterly Combined Withholding, Wage Reporting, -45-ATT-MN and Unemployment Insurance Return - Attachment



Withholding Identification Number: 113150042

Employer Legal Name:

Mark an X in the applicable box(es): A. Original \_\_\_ or Amended return \_\_\_

B. Other wages only reported on this page .....

& M LINEN			Other wages only reported of Seasonal employer	
Quarterl	y employee/payee wage reporting information		Annual wage and withho If this return is for the 4th quar return you will be filing for the complete columns d and e.	Iding totals
Social security number	b Last name, first name, middle initial wages paid th	eration/gross is quarter	Gross wages or distribution (see instr.)	e Total tax · withheld
112943728		524.39	12503.44	413.49
107647103	CLEMENTE, JOHNNY worked I week	0.00	1127.75	17.22
624322747	CORDOBA, MARITZA	160.47	12417.05	334.55
581819353	CORTES, ORLANDO Work I Month	. 0.00	1236.00	34.24
581791025	CRUZ, SUJALLY Supervisor 3	508.75	12739.77	236.13
583338095	DAVILA, EDWIN was red I week	0.00	489.00	6.54
094902958	DELGADO; UBALDO wa Ked / Month	0.00	879.00	8.67
059728265	DESTIR, SIMONE POXT Time 4	110.26	14979.99	466.63
093788398	DIALLO, AMADOU was ked 2 weel	450.00	573.00	4.20
105902976	DIAZ, JOSE 4	852.40	10763.66	425.88
054759853	DIAZ, SUSANA 4	096.04	15060.06	412.59
130904336	DIBY, BEKANITY	0.00	7388.85	299.35
078940356	DJABAJKATIE, DEYADE Super utse 4	589.39	14905.38	350.97
066903365	DYITEYE, AISSA 1	592.42	11891.62	295.63
054702999	ESCONO, LUZ Supervisor 5	590.94	20832.86	843.68
063721818	ESQUILIN, GEORGE wakel worth	0.00	-501.00	4.72
If first	_ Total this page only 37 page, enter grand totals pages	025.06	138288.43	4154.49

Mail to: NYS EMPLOYMENT TAXES

Postmark	stmark Received date		
			TT
1 1 1	;	1 1 1 1	11

For office use only

PO BOX 4119 BINGHAMTON NY 13902-4119

# Case 1:07-cv-06999-DLC Document 25-6 Filed 03/25/2008 NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment

Withholding Identification Number: 113150042 8

Mark an X in the applicable box(es):

A. Original \_\_\_ or Amended return

Employer Legal Name:

B & M LINEN

Jan 1- Apr 1- July 1- Sep 30 Z Oct 1- 05 Tax Year 2 3 4 YY Y

B. Other wages only reported on this page ......

C. Seasonal employer .....

			seasona employer	•••••••••••••••••••••••••••••••••••••••	_
	· · · · · · · · · · · · · · · · · · ·		Annual wage and withh	olding totals	
Quarterly	r employee/payee wage reporting informatio	n	If this return is for the 4th qu return you will be filing for the	arter or the last e calendar year,	
	c UI total ren	nuneration/gross	complete columns d and e. Gross wages or	e Total tax	
a Social security number	b Last name, first name, middle initial   wages paid	d this quarter	d distribution (see instr.)	withheld	
767248107	FERNANDEZ, FRANCIS	4080.13	15188.74	491.02	
106602339	FLORES, DIONICIA E working !	wek <sub>0.00</sub>	1125.00	19.08	
105686832	FLORES, EDGAR Pact TIME	6300.00	23820.00	1155.87	
070449128	FLORES, MARILU	3501.00	9671.75	198.09	
120520143	FONT, GEORGE D 212 special Job	lex 3 mon	16162.52	754.11	
063622798	FRANCISCO, ROMAN BATTIME	5000.00	17569.49	595.29	
088823633	FRANCO, ANGELA L.	3411.65	8963.97	219.66	
118928787	FRANCO, ROSA working I Mont	rh 0.00	1140.00	0.36	
584049432	FRED, BARRY POUT TIME	2725.15	4748.40	96.95	
132947876	GARCIA, MARIA POLITIME	3680.27	6812.27	98.21	
	GLADSKOV, MICHAEL			•	
081641533	GOMES, GUSTAVO was Ked 3 week	رح 0.00	1085.73	44.39	
963741381	GONZALEZ, NORMA Part Time	2080.01	2842.14	80.17	
123545225	GREEN, BRUCE P POATINE	0.00	6648.27	63.63	
079603369	GUERRERO, GALO works by Cal	ls 0.00	13445.28	595.21	
115920655	GUGKAEV, RUSLAN K	0.00	18424.50	1041.21	
lf first	_ Total this page only 3 page, enter grand totals ages	30778.21	149273.05	5570.83	

Mail to: NYS EMPLOYMENT TAXES PO BOX 4119 BINGHAMTON NY 13902-4119

Postmark Received date

# NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



Withholding Identification Number: 113150042 8

Mark an X in the applicable box(es);

A. Original \_\_\_ or Amended return \_\_\_

Jan 1- Apr 1- July 1- X Oct 1- 05 Tax Mar 31 \_\_ Jun 30 \_\_ Sep 30 \_\_ Dec 31 \_\_ Yea

B. Other wages only reported on this page ......

C. Seasonal employer .....

Employer Legal Name:

B & M LINEN

			Annual wage and withho	iding totals	
Quarterly	/ employee/payee wage reporting informati	on	If this return is for the 4th quar return you will be filing for the complete columns d and e.	r the calendar year,	
a Social security number		emuneration/gross aid this quarter	Gross wages or d distribution (see instr.)	e Total tax withheld	
121580458		uze Ks 0.00	1977.00	44.37	
077574761	GUTIERREZ, GERRARDO wooked 3	weeks .00	1236.00	26.06	
597429084	GUZMAN, VIOLETA Supevisor	4900.27	15641.50	437.38	
060883871	HEREDIA, WILLIAM	4133.53	14830.69	511.35	
980715465	HERNANDEZ, ANTONIA	4048.89	15442.86	340.02	
058900017	HERNANDEZ, CARLA	4530.09	15463.09	397.57	
040422102	HERNANDEZ, DIONICIA	4032.07	10325.76	173.13	
087889231	HERNANDEZ, JILOMENA Superviso	4442.61	17695.72	577.80	
129822521	HERNANDEZ, WENDY	3638.51	13392.34	262.11	
295647291	HERNANDEZ, ZENAIDA	4423.28	15512.17	380.36	
110724822	JAVIER, DULCE worked I mon	16.00	3697.00	45.39	
069922336	JEAN, RENEL Part TIMES	4670.00	17560.00	514.58	
058727245	JOURDAIN, CLERMELIE Super us Soc	4411.50	16400.00	509.18	
134782853	KAMISSOKO, DIOMA waked I N	on.th 0.00	3603.78	102.64	
080943235	KAYBALEV, RAMIN worked 3 o	0.00 کودلا	999.98	54.56	
122523183	KING, AARON worked I wee	K 0.00	204.00	0.00	
lf first	_ Total this page only page, enter grand totals pages	43230.75	163981.89	4376.50	

	mark			 Rece	ived	date		
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Case 1:07-cv-06999-DLC

Document 25-6

Filed 03/25/2008

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NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



Withholding Identification Number: 113150042 8

Mark an X in the applicable box(es):

A. Original \_\_\_ or Amended return \_\_\_

Employer Legal Name:

B & M LINEN

Jan 1- Apr 1- July 1- X Oct 1- 05 Tax Mar 31 2 3 4 Y Y

B. Other wages only reported on this page .....

C. Seasonal employer .....

·		C, :	Seasonal employer	
			Annual wage and with	olding totals
Quarterl	y employee/payee wage reporting i	<u> </u>	If this return is for the 4th que return you will be filing for the complete columns d and e.	
a Social security number	b Last name, first name, middle initial	UI total remuneration/gross wages paid this quarter	Gross wages or distribution (see instr.)	e Total tax withheld
582873902	LACEN, ANGEL Pact 7		21175.00	745.25
582872870	LACEN, ELIECER POLT	ine 4550.00	17025.00	443.08
098826533	LAJARA, ALTAGRACIA wo	a ked 1 transfig.00	1500.08	30.44
•	LEON, BRAULIO A			
6542016	•	1 month 0.00	2564.75	52.36
134842253	LINARES, CAROLINA D 🕊	ked sweeks .00	770.90	9.72
055923980	LOPES, JOSE	5921.99	19339.25	711.31
116861289	MAISONAVE, NANCY	4387.82	17027.45	593.78
584877651	MALDONADO, JOSE	-10512.75	0.02	0.00
5847651	MALDONADO, JOSE	4572.25	15085.02	462.60
099644972	MANGRUM, MARGUIS	6507.60	24982.80	1218.05
118781349	MANZANARES, YOLANDA	0.00	7104.76	237.41
582910633	MARCANO, EDWIN worked 1	5 month 2025.00	5237.00	102.61
·	MARKUS, BORIS	<u>.</u> .		
·	MARKUS, INNA			
	MARKUS, MIKHAIL			
If first	_ Total this page only page, enter grand totals pages	62351.91	266215.03	12173.90

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Filed 03/25/2008

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S-45-ATT-MN Quarterly Combined Withholding, Wage Reporting, (1/05)and Unemployment Insurance Return - Attachment



Withholding Identification Number: 113150042

Employer Legal Name:

Mark an X in the applicable box(es): A. Original \_\_\_ or Amended return \_

Other wages only reported on this page

B & M LINEN	· ·		Other wages only reported o	
		C.	Seasonal employer	
Quarteri	y employee/payee wage reporting information	•	Annual wage and withhol  If this return is for the 4th quart return you will be filing for the o complete columns d and e.	er or the last
a Social security number	b Last name, first name, middle initial wages paid this qua		Gross wages or d distribution (see instr.)	e Total tax withheld
	MARKUS, MIRON			
583955143	MARRERO, ANGEL worked luxek 1600	0.00	3591.67	118.30
068761569	MARTINEZ, ERLINDA . 4347	7.99	15283.94	540.40
599209900	MARTINEZ, FABIO worked 3 weeks	0.00	919.50	20.16
584768190	MARTINEZ, GABRIELA 3940	.14	15428.98	530.27
077906959	MARTINEZ, TERESA Supervisor 4120	0.00	17347.95	521.46
097941050	MATEO, FEDERICO wooked I month	0.00	1192.76	33.60
098828502	MEDINA, MODESTA Supervisor 2882	2.75	3260.75	32.13
054869373	MEJIA, RAUL wasked week	0.00	231.00	3.04
122926492	MEJIA, WILLY part Time 1814	.28	1814.28	44.83
. 1	MENDELEVICH, ELENA .	•		
077906694	MENDELEVICH, SIMON 6899	.90	25798.69	946.91
124889450	MICHEL, ANDREMA 4372	.79	16776.41	568.08
087741622	MOCLES, ROSALVA 4111	.99	13822.54	330.95
764309466	MOLA, HEYDIN was Ked I worth o	.00	1049.75	12.60
123841614	MORALES, ARILDA wooked I Month 0	.00	3414.63	42.29
If first	_ Total this page only 52902 page, enter grand totals pages	.34	190366.18	7279.64

Mail to: NYS EMPLOYMENT TAXES PO BOX 4119

**BINGHAMTON NY 13902-4119** 

Postr	se on	ily 		_	Rece	ived	date	 	_
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Case 1:07-cv-06999-DLC Document 25-6

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## Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



Withholding Identification Number: 113150042

Employer Legal Name:

B & M LINEN

Mark an X in the applicable box(es): A. Original \_\_\_ or Amended return \_\_\_

B. Other wages only reported on this page .....

		C. S	Seasonal employer	******
Quarterly employee/payee wage reporting information  Guarterly employee/payee wage reporting information  If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.				
Social security number	b Last name, first name, middle initial wages	remuneration/gross paid this quarter	Gross wages or d distribution (see insir.)	e Total tax withheld
021885633	MORALES, FAVIOLA	4033.24	13951.90	395.40
634815263	MOREIRA, ELMER worked 1 ~	onth 0.00	954.00	15,65
562820667	MUICELA, ANA POST TIME	3663.00	6534.38	99.88
093905429	MUNOZ, ALMA R	3615.75	5669.50	74.80
678092143	MURILLO, NORMA A Super USO	3211.01	5543.51	28.68
155069976	NARIMANOV, RAMAY	7185.90	26966.25	886.96
126889565	NUNEZ, CARMELINA Part time	3260.38	4659.88	90.98
115861967	NUNEZ, LOURDES POILTIM	4800.00	17495.30	489.75
074744659	NUNEZ, VALENTINA	3931.39	14988.58	406.26
079928098	OFORT, OWUSU worked 1 w	ee K 0.00	264.00	0.96
582374366	OLIVIERI, DANIEL WOKES 1	week 0.00	312.50	10.60
127687670	ORISME, CELLIE	3568.38	15732.40	546.10
111606272	ORTIZ, CARLOS	4244.99	12767.75	365.37
074841846	ORTIZ, PAOLA A Part Time	2114.14	5644.78	164.64
109461114	ORTIZ, RAFAEL was hired for 9	5950.00	9357.14	433.08
583372922	PACHECO, CARMELO PONTTIME	4003.79	8500.87	225.70
If first	_ Total this page only page, enter grand totals	53581.97	149342.74	4234.81

of all pages ......

Postmark	<u></u>	Received o	late	
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Filed 03/25/2008

Page 12 of 31

YS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting, (1/05)and Unemployment Insurance Return - Attachment



Withholding Identification Number: 113150042

Employer Legal Name:

B & M LINEN

Mark an X in the applicable box(es): A. Original \_\_\_ or Amended return \_\_\_

B. Other wages only reported on this page .....

B & M HINEN		C. \$	Seasonal emplo <u>y</u> er	······
Quarteri	y employee/payee wage reporting i		Annual wage and withhous if this return is for the 4th quareturn you will be filing for the complete columns d and e.	arter or the last
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	Gross wages or distribution (see instr.)	e Total tax withheld
125661529	PAGUERO, LEONEL worke	d 1 week 0.00	142.80	0.89
687384958	PANTLE, ANA worked	1 Month 0.00	809.00	8.89
093903142	PAYERO, ANGELA Supero	21 <i>50(</i> 4285.77	14210.29	356.43
068921207	PENA, FRANCISCO	4805.99	18005.83	749.06
165287954	PEREZ, JAQUELINE	3516.70	15200.19	211.44
581359400	PEREZ, JOSE L	3712.02	7415.27	215.67
081924834	PEREZ, MARIBEL	0.00	6738.49	386.07
069564806	PEREZ, RAFAEL Post Tu	ue 0.00	1150.00	64.58
021885611	PESADO, MARIELA POITTI	HR 4363.15	15761.30	423.65
058283667	PIAZZA, SANTA	0.00	6012.96	115.67
219461837	PINADA, DALILA POAT TI	٥.00	2437.50	23.80
121764536	PINDER, MARCUS was water	Sec 5p Jobs 57.27	4471.94	24.40
	POLYACHENKO, VASILI			
143890768	PRIMERO, MARICELA	0.00	7430.21	223.09
217530003	QUEDRAGO, QUSMANE wake	d week 0.00	117.48	0.34
066881098	RADONCIPI, SHPEND work	ced I week 0.00	170.00	1.14
	_ Total this page only page, enter grand totals	27090.90	120523.18	3564.57

Mail to: NYS EMPLOYMENT TAXES PO BOX 4119 **BINGHAMTON NY 13902-4119** 

Postmark	 Received date	

For office use only

of all pages .....

Case 1:07-cv-06999-DLC Document 25-6

Filed 03/25/2008

### Page 13 of 31

### NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



Withholding Identification Number: 113150042

Employer Legal Name:

Mark an X in the applicable box(es): A, Original \_\_\_ or Amended return \_

B. Other wages only reported on this page ......

3 & M LINEN	В.	Other wages only reported	on this page
	С.	Seasonal employer	,
Quarter		Annual wage and withho	ū
Quarteri	y employee/payee wage reporting information	If this return is for the 4th qua return you will be filing for the complete columns d and e.	calendar year,
Social security number	b Last name, first name, middle initial c UI total remuneration/gross wages paid this quarter	d distribution (see instr.)	e Total tax withheld
085500988	RAMOS, JUAN worked 2 weeks 0.00		7.36
671261394	REINOSO, RAFAEL waked I week 1090.50	1306.50	28.0
583852411	REVERA, JAVIER worked I nonth 0.00	1846.00	19.9
016833278	REYES, OFELIA Supervisor 4142.34	15024.72	324.0
583721423	RIVERA, FRANCISCO 1414 time 5600.00	19641.66	579.7
120927479	RIVERA, ROSA POIL TIME 2691.50	8574.13	162.4
581996922	RIVERA, WILBERT E worked I week 13325	133.25	0.3
133708197	ROBLES, ANGEL L worked I week 0.00	250.25	0.84
095921136	RODRIGES, ANTONIO POLITIME 4718.00	17317.05	518.5
592516077	RODRIGUEZ, ADALGIZA 4062.76	15237.61	552.6
129922653	RODRIGUEZ, CARMEN D 4893.49	18338.91	684.4
023083421	RODRIGUEZ, JAQUELIN 3165.76	4791.76	50.3
107881464	RODRIGUEZ, JEIME 443.0.00	17449.39	659.24
584923997	RODRIGUEZ, JOSE A was ked I week 2400.00	2400.00	128.8
584956164	ROQUE, WILFREDO worked 1.5 month.00	3610.40	67.86
051904212	ROSALES, RODRIGO worked I worth 0.00	2085.00	39.79
lf first	Total this page only 37327.60 page, enter grand totals pages	128536.38	3824.48

Mail to: NYS EMPLOYMENT TAXES PO BOX 4119 **BINGHAMTON NY 13902-4119** 

Postmark	Received date									

For office use only

Case 1:07-cv-06999-DLC Document 25-6 Filed 03/25/2008

# NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



Withholding Identification Number:	113150042	8
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Mark an X in the applicable box(es):

A. Original \_\_\_ or Amended return \_\_

Employer Legal Name: 

Jan 1- Apr 1- July 1- X Oct 1- 05
Dec 31 Y Y

B. Other wages only reported on this page ..... =

Page 14 of 31

B & M LINEN

C. Seasonal employer......

<del>,</del> _,		0, (	Jeasonai employer		
•			Annual wage and withh	olding totals	
Quarterly	employee/payee wage reporting information		If this return is for the 4th quareturn you will be filing for the complete columns d and e.	arter or the last e calendar year,	
a Social security number	b Last name, first name, middle initial c UI total remunerat wages paid this qu		Gross wages or d distribution (see insir.)	e Total tax withheld	•
√583415545		09.69	14231.54	298.46	
√110889784	SALAZAR, AURA worked 2 week	0.00	575.71	20.47	
090609011	SALES, GENARO waked I month	0.00	624.00	. 3.55	
583865960	SANCHEZ, DANUEL worked I wonth	0.00	1017.00	7.57	
582299203	SANCHEZ, HECTOR Part time 414	0.00	9613.94	249.64	
082784903	SANCHEZ, JUANA Pout Fine 328	4.50	9583.30	209.69	
086608606	SANTIAGO, EDGARDO WOKKEL & WEEKS	.00.0	396.00	2.46	
098560251	SANTOS, LUIS Part time	0.00	9020.17	296.52	
952701848	SARMIENTO, ROCIO Part time	0.00	2217.00	41.72	
122604857	SEPULVEDA, GENAROWORKED For Sp Job	0.00	5641.03	394.95	
581351828	SIFUENTES, LUIS A.Ruo Ked 1 work 20	6.76	2206.76	55.97	
	SOLOVYEVA, SVETLANA			`	
583963037	SOTO, JAIME worked 1.5 month	0.00	2833.32	114.50	
113423344	SOTO, JOSEPHINE worked / worth	0.00	1125.01	21.91	
098561467	TERRON, EVELYN R Office	0.00	2159.50	30.77	
118567498	TERRON, JESUS worked I month.	0.00	685.71	18.02	
If first p	Total this page only 2134 page, enter grand totals ages	0.95	91079.99	3534.72	



#### Filed 03/25/2008 45-ATT-MN

Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



Withholding Identification Number: 113150042

Mark an X in the applicable box(es):

A. Original \_\_\_ or Amended return \_

Employer Legal Name:

B & M LINEN

Other wages only reported on this page ......

C. Seasonal employer .....

Quarterly	/ employee/payee wage reporting informati	on	Annual wage and withho If this return is for the 4th quar return you will be filing for the complete columns d and e.	ter or the last
a Social security number		emuneration/gross aid this quarter	Gross wages or d distribution (see msir.)	e Total tax withheld
073745624	TOMAS, ELISEO Part time	4635.00	17285.00	419.53
103909704	TOUNKARA, MAKHA Waked I MO	nth 0.00	1805.01	49.01
087685849	vaidez, melvin fait tme	3033.76	3033.76	87.06
472737984	VAQUERO, ANGEL worked 1.5 m	onth 0.00	2304.88	34.08
473833659	VAQUERO, RODRIGO	4813.06	18152.12	599.85
146957123	VAQUERO, WILFRIDO	4099.90	15169.10	364.35
122689754	VEGAZO, ANGEL Y WOOKEL I MON	h1800.03	1800.03	64.72
627012738	VIKLEA, ISABEL BA Time	4006.94	14522.42	322.85
679097622	ZALDIVAR, MIRIAM Part time	3194.51	3655.01	21.92

age No. 12 of 12 Total this page only .... If first page, enter grand totals of all pages ..... 25583.20

77727.33

1963.37

Mail to: NYS EMPLOYMENT TAXES PO BOX 4119

	m <i>ce L</i> nark	tse on	ily		Rece	ived	date		

**BINGHAMTON NY 13902-4119** 

# **EXHIBIT L**

## Case 1:07-cv-06999-DLC Document 25-6 Filed 03/25/2008 ference these numbers in all corr espandence:

### Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

a. First Month



Employer ∍gistration Number	46 41541	9	
ithholding			

entification Number nployer Legal Name: & M LINEN

Number of Employee-s

ter the number of full-time and part-time covered playees who worked during or received pay for the

ek that includes the 12th day of each month.

11.3150042

Mark an X in only one box to indicate the quarter (a separate return must be completed for each quarter) and enter the tax year.

Jan 1 -Apr 1 -July 1 -Oct 1 -Mar 31 Sep 30 Jun 30 Dec 31

if seasonal employer, mark an X in the box .....

b. Second Month c. Third Month 130

Γ	FO.	R O		E US tmark	SE OI	VLY	7
				$\top$			
		F	tecei	ved D	ate		1
UI SK		AI		sı	WI		

### irt A - Unemployment Insurance (UI) Information

### Part B - Withholding Tax (WT) Information

Total remuneration paid this quarter	566783.00	12. New York State tax withheld	12506.41
to each employee in excess of \$8,500 since January 1	443871.00	13. New York City tax withheld	7365.24
Wages subject to contribution (subtract line 2 from line 1) UI contributions due	122912.00	14. Yonkers tax withheld	0.00
Enter your 3.3250%	4086.82	15. Total tax withheld (add lines 12, 13 and 14)	19871.65
Re-employment service fund (multiply line 3 × .00075)	92.18	<ol> <li>WT credit from previous quarter's return (see instr.)</li> </ol>	0.00
UI previously underpaid with interest	0.00	17. Form NYS-1 payments made for quarter	0.00
Total of lines 4, 5, and 6	4179.00	18. Total payments (add lines 16 and 17)	0.00
Enter UI previously overpaid	0.00	19. Total WT amount due (if line 15 is greater than line 18, enter difference)	19871.65
Total UI amounts due (if line 7 is greater than line 8, enter difference).	4179.00	20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark on X in 30a or 30b)	0.00
Total UI overpaid (if line 8 is greater than line 7, enter difference and check box 11 below)*	. 0.00	20a. Apply to outstanding liabilities and/or refund	or 20b. Credit to next quarter withholding tax
Apply to outstanding liabilities			. •

remittance payable to NYS Employment Taxes) .......  $^{\star}$  An overpayment of either tax cannot be used to offset the amount due on the other tax. Complete Parts D and E on back of form, if required. This is a scannable form; please file the original.

21. Total payment due (add lines 9 and 19; make one

Part C - Employee Wage and Withholding Information arterly employee/payee wage reporting information (if more than 5 employees or if Annual wage and withholding totals orting other wages, do not make entries in this section; complete Form NYS-45-ATT). If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e, c UI total remuneration/gross wages paid this quarter d Gross wages or distribution (see instructions) Social security number b Last name, first name, middle initial 8 Total (ax withheld



24050.65

tals i	(Column	c must et	qual remune	ration on lin	e 1; see i	nstructions fo	r exceptions.)

n your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct and complete.

ayer's signature

Signer's name (please print)

and/or refund ......

### NYS-45-ATT-MN (1/06)

# Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



/ithholding Iden tification Number: 113150042

Mark an X in the applicable box(es):

A. Original

or Amended return

Jan 1-Mar 31

1- Ji 30 se

Dec 31

Tax 06 Year YY

B. Other wages only reported on this page

C. Seasonal employer .....

### mployer Legal Name:

& M LINEN

			Annual wage and with	holding totals	
Quarterly	/ employee/payee wage reporting		If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.		
Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	Gross wages or distribution (see insir.)	e Total tax withheld	
132908834	ABRAHAM, SIMONIS Buf	e ( visor 6436.09	22111.09	1096.19	
577313915	ADEDAUBA, YACOUBA 50		22967.37	815.84	
083766909	AFOLABI, LASUPO Paul	-timer 0.00	7925.00	368.31	
084673543	AGULLAR, REMEDIOS	4505.35	6480:07	158.68	
09974 0809	ALBA, MARGARITA N	sked 1 week 0.00	313.88	2.33	
133725685	ALCANTARA, VICTOR Inc	dependent 8048.84	28033.84	1497.47	
112827894	ALVAREZ, CARLOS work	n·lmonth 1051.63	1051.63	. 30.08	
610660103	ALVAREZ, CLAUDIA	5007.00	16331.51	459.94	
117865625	ALVAREZ, JOSE JULIO	7413.78	26573.18	1268.87	
548999956	ALVAREZ, MODESTA	4482.15	13159.26	390.25	
121927959	AMARO, ISABEL M	5117.15	16093.86	381.82	
089896543	ARANDA, JOSE	0.00	7000.00	148.12	
102716820	AUGUSTIN, ESPFANIA	4590.38	13838.27	272.33	
592542125	BAPTISTE, SONILIA Sup	المردية 1562.00	13658.80	472,.66	
729050437	BEATO, YUNICY PAIL TO	mer 0.00	1677.75	21.54	
113827056	BENITEZ, ANNA	4967.49	13890.14	364.05	
=	_ Total this page only	59599.23	211105.65	7748.48	
	page, enter grand totals pages	566783.09	1902694.77	64603.71	

office use only stmark Received date Mail to: NYS EMPLOYMENT TAXES PO BOX 4119 BINGHAMTON NY 13902-4119

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## (1/06)

## Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



Vithholding Identification Number: 113150042

Mark an X in the applicable box(es): A. Original

or Amended return

06

3 2

B. Other wages only reported on this page

C. Seasonal employer .....

3 & M LINEN

mployer Legal Name:

Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, Quarterly employee/payee wage reporting information complete columns d and e. c UI total remuneration/gross Gross wages or e Total tax Social security number b Last name, first name, middle initial distribution (see instr.) wages paid this quarter withheld 089554763 BENLTEZ, ESTHER Part time 4029.10 5659.25 67.45 090589888 BERRIOS, EVELYN CCice 315.00 11482.50 365.94 580058819 BLYDEN, GRACIA 2920.95 10664.31 252.72 123688132 BOBET, ILKA Part finer 0.00 1833.38 44.61 BOBET, SANTOS R Past times 090602672 0.00 7842.87 378..88 BOELONG, FERNAND working I wonth 0.00 064887390 2253.37 52.83 BOUDA, YABRE VICTOR SUPERUISO 141114586 0.00 175.67 4616.42 BRAVO, MIRIAN 142749630 5304.07 16827.44 364.81 765073771 CABRERA, LEONEL 7101.11 23979.59 1219.31 CALO JR., JOSE 132584184 0.00 2650.00 58.56 CANSINO, ANDREA Supervisor. 629117120 3841.73 12258.29 127.59 098781009 CASTELAN, ROCIO 4238.64 12726.42 187.76 CASTELL, DAVID part timer 582739111 3475.00 174.14 CASTILLO, ABDULIO Part time? 055094764 8375.33 147.48 CASTILLO, CHRISTIAN Part June 082968778 350.63 13.50 CASTRO, GUILERMO working I wonth 0.00 075744221 5476.66 316.46 ge No. 2 of 13 Total this page only .... 28101.23 130471.46 3947.71 If first page, enter grand totals

of all pages .....



### S-45-ATT-MN (1/06)

**Employer Legal Name:** 

B & M LINEN

## Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



Withholding Identification Number: 113150042

Mark an X in the applicable box(es):

A. Original

or Amended return

Tax 06 YY

B. Other wages only reported on this page

Seasonal employer

	C, Seasonal employer						
			Annual wage and withho	olding totals			
Quarterl	y employee/payee wage reporting		If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.				
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	Gross wages or d distribution (see insir.)	e Total tax withheld			
099821093	CEBALLAS, ALTAGRACI	4052.70	13498.19				
106642013	CHECO, AMBIORIX Super	∪i <b>∞</b> ( 4468.56	10464.06	341.98			
112943728	cisse, inza part ti	mer 5094.46	17220.99	603.43			
624322747	CORDOBA, MARITZA	4517.48	14282.34	378.28			
581791025	CRUZ, SUJALLY Supervi	<b>50</b> ( 4343.26	13941.77	285.95			
599380744	DE ACOSTA, EPIFANIA	art time 2483.42	2483.42	49.08			
118948140	DELA CRUZ, VLADIMIR U	exking I month 0.00	1545.77	37.67			
084662461	DE-LA-CRUZ, ROLANDO μ	voiking Invontho.00	956.80	10.72			
059728265	DESTIR, SIMONE Pa/	timer 0.00	7108.76	231.55			
105902976	DIAZ, JOSE	4008.55	16199.23	604.80			
054759853	DIAZ, SUSANA	4233.71	13784.35	337.67			
078940356	DJABAJKATIE, DEYADE 5	inpervisor 4531.65	15616.05	399.05			
100585586	DOMINGUEZ, CATALINA &	Africe 4324.80	11674.80	281.10			
066903365	DYITEYE, AISSA	4709.84	15737.06	370.39			
054702999	ESCONO, LUZ Superu	6642.66	17541.02	611.80			
767248107	FERNANDEZ, FRANCIS	3205.95	12160.86	321.78			
If first	_ Total this page only t page, enter grand totals	56617.04	184215.47	5209.89			

of all pages .....

For office use o Postmark	nly	Receiv	ed date	

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# NYS-45-ATT-MN (1/06)

# Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



Withholding Identification Number: 113150042 8

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1- Apr 1- July 1- Oct 1- X Tax 06
1 2 3 4 Y Y

B. Other wages only reported on this page

C. Seasonal employer .....

### Employer Legal Name:

B & M LINEN

		Annual wage and withholding totals
Quarterly	employee/payee wage reporting information	If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.
a Social security number	b Last name, first name, middle initial c UI total remuneration/gross wages paid this quarter	Gross wages or e Total tax d distribution (see instr.) withheld
. 583396221	FIGUEROA, MIGUEL E 3785.83	<del>                                     </del>
105686832	FLORES, EDGAR PAA HIMET 6380.00	23930.00 1165.73
070449128	FLORES, MARILU 1055.20	9548.64 140.46
063622798	FRANCISCO, ROMAN part time 1 6000.00	20569.00 861.02
088823633	FRANCO, ANGELA L. 4132.50	12460.46 251.64
584049432	FRED, BARRY part time ( 0.00	2181.63 34.82
121765643	GALENO, MARLEN 0.00	367.88 2.79
132947876	GARCIA, MARIA port timer 4667.12	14356.87 192.55
981259876	GARCIA, YOSEPAT PAA + 1 4066.53	5463.79 166.85
172025563	GAVILAN, JUANA PAIL+mer 1546.63	1546.63 36.35
059881625	GONZALEZ, ANTONIO part timer 3891.05	4933.94 137.36
382899406	GONZALEZ, KENNY U worked 1.5 months 645.50	2645.50 84.72
103703626	GONZALEZ, KRISTIAN worked 2 weeks 0.00	951.75 22.93
065681482	GONZALEZ, NATALLEWOOK 1 month 246.38	1322.99 11.19
963741381	GONZALEZ, NORMA Part times 0.00	7203.75 184.75
117909416	GUZMAN, ELVIS worked I wonth 0.00	2000.00 51.44
If first	_ Total this page only 38416.74 page, enter grand totals pages	116492.16 3539.65

Mail to:

Mail to: NYS EMPLOYMENT TAXES PO BOX 4119 BINGHAMTON NY 13902-4119

ar office use only
Postmark
Received date

# NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



Withholding Identification Number: 113150042 8

Mark an  $\boldsymbol{X}$  in the applicable box(es):

A. Original

or Amended return

Jan 1- Apr 1-Mar 31 Jun 30 July 1-Sep 30

Dec 31

Year V V

B. Other wages only reported on this page

C. Seasonal employer .....

### Employer Legal Name:

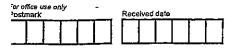
B & M LINEN

Quarterly employee/payee wage reporting information

Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

			complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	Gross wages or d clistribution (see insir.)	e Total tax withheld
597429084	GUZMAN, VIOLETA Supe	101506 5162.78	16440.98	375.98
060883871	HEREDIA, WILLIAM	4203.20	14211.64	475.40
980715465	HERNANDEZ, ANTONIA	4875.06	15725.53	353.04
058900017	HERNANDEZ, CARLA	4223.70	12716.36	. 214.46
040422102	HERNANDEZ, DIONICIA	1762.56	10820.64	139.72
087889231	HERNANDEZ, JILOMENA 5	upervisor 5116.45	13807.84	393.47
119766869	HERNANDEZ, MIGUEL 6006	Ked I week 580.50	580.50	3.93
129822521	HERNANDEZ, WENDY	4094.68	12572.65	248.11
295647291	HERNANDEZ, ZENAIDA	957.90	10503.96	183.97
069922336	JEAN, RENEL PAY TIM	uer 0.00	1380.00	43.55
101527515	JERES, LUCIANO worker	1 ) week 0.00	327.38	0.05
058727245	JOURDAIN, CLERMELIE 5	perurso (4524.40	15116.18	416.77
<del>.</del>	KANTOROVICH, VLADIS			
133708981	·KERCADO, VICTOR WOLK	ed 3 days 0.00	158.63	1.03
065940244	KOLLIE, RICHARD Www	hired for SpJJ50.00	5000.00	233.70
582873902	LACEN, ANGEL part to	we√ 6010.00	22560.00	855.89
If first	_ Total this page only page, enter grand totals ages	43611.23	154022.29	4060.55

.



S-45-ATT-MN (1/06)

Employer Legal Name:

B & M LINEN

## Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



Withholding Identification Number: 113150042

Mark an X in the applicable box(es):

A. Original

or Amended return

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3

· Y Y

B. Other wages only reported on this page

C. Seasonal employer .....

		J. Jea	scrai employer	
			Annual wage and with	holding totals
Quarter	ly employee/payee wage reporting	If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.		
a Social security number	b Last name, first name, middle initial	<ul> <li>UI total remuneration/gross wages paid this quarter</li> </ul>	Gross wages or distribution (see insir.)	e Total tax withheld
582872870	LACEN, ELIECER PAIT	fine 4980.00	18444.29	545.01
	LEON, BRAULIO À	*		· ·
055923980	LOPES, JOSE	7357.50	25402.06	1155.80
052728475	LOPEZ, ARIEL A worke	1 3 week 0.00	897.75	21.86
910451278	LOPEZ, NANDI O woj ke	d I morth 0.00	1416.46	29.87
597428120	LORA, MARCOS was hired	1 G 5p 30b 0.00	5013.54	128.96
116861289	MAISONAVE, NANCY	4311.36	15206.69	489.48
584877651	MALDONADO, JOSE	4788.16	17194.51	614.19
099644972	MANGRUM, MARGUIS	8324.00	29533.40	1625.34
	MARKUS, BORIS	•	·	
. auro	MARKUS, INNA			
	MARKUS, MIKHAIL	;·		
	MARKUS, MIRON	· ·		•
192706481	MARTINEZ, ANA POIL L	mer 4188.38	5490.38	95.92
068761569	MARTINEZ, ERLINDA	0.00	4966.86	179.93
584768190	MARTINEZ, ĢABRIELA	4889.06	15403.97	502.97

of all pages .....

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89126.26

339407.71

16880.29

age No.  $\underline{6}$  of  $\underline{13}$  Total this page only ....

If first page, enter grand totals

## NYS-45-ATT-MN (1/06)

Employer Legal Name:

B & M LINEN

# Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



Withholding Identification Number: 113150042

Mark an  $\boldsymbol{X}$  in the applicable box(es):

A. Original

or Amended return

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ct 1- X Tax sc 31 Year

Other wages on

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ΥY

B. Other wages only reported on this page

C. Seasonal employer .....

			Annual wage and withh	olding totals
Quarterl	y employee/payee wage reporting infor	mation .	If this return is for the 4th quareturn you will be filing for the complete columns d and e.	arter or the last calendar year,
a Social security number	b Last name, first name, middle initial wa	total remuneration/gross ges paid this quarter	Gross wages or d distribution (see insir.)	e Total tax withheld
077906959	MARTINEZ, TERESA Supervis	<b>∞</b> ( 5173.85	15659.83	410.93
116564250	MARTINEZ, TONY worked In	onth 1542.85	1542.85	93.71
122649052	MARTY, JUAN L Worked !	worth 0.00	1309.00	4.79
098828502	MEDINA, MODESTA Supervis	æ 3851.75	11841.02	135.42
077341218	MEDINA, SABINO part time	3400.00	9108.33	229.23
041675612	. MEJIA, JORGE A was hired	For Sp Dob 0.00	4628.99	135.29
052233019	MEJIA, SANTOS part times	3358.30	9608.30	241.88
122926492	MEJIA, WILLY Part time	0.00	11050.00	334.73
<b>.</b>	MENDELEVICH, ELENA		•	
077906694	MENDELEVICH, SIMON	8881.09	29149.89	1155.72
584255180	MERCADO, HAYDEE woo, Ked	a weeks 0.00	735.00	11.16
#	MESZAROS, CHRISTIAN			
. 124889450	MICHEL, ANDREMA	4725,42	14203.27	408.28
087741622	MOCLES, ROSALVA	4237.76	14897.05	401.66
078537865	MORALES, ELENA	4405.39	4405.39	73.89
021885633	MORALES, FAVIOLA	0.00	4316.61	120.87
If first	_ Total this page only page, enter grand totals pages	54826.41	178788.90	6285.90

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Postmark Received date

BINGHAM ION NY 1390

Document 25-6 Case 1:07-cv-06999-DLC

Filed 03/25/2008

Page 25 of 31

July 1-

3014.20

136392.38

85.72

3276.26

S-45-ATT-MN (1/06)

Employer Legal Name:

B & M LINEN

## Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



Withholding Identification Number: 113150042

Mark an X in the applicable box(es):

A. Original

or Amended return

Oct 1- X Dec 31

Tax 06 Year YY

B. Other wages only reported on this page -

C. Seasonal employer.....

		<u>-</u>	Annual wage and withho	iding totals
Quarterly	y employee/payee wage reporting information	1	If this return is for the 4th qua return you will be filing for the complete columns d and e.	
a Social security number		uneration/gross	Gross wages or distribution (see instr.)	e Total tax withheld
187564320		CS 0.00	523.13	0.00
562820667	MUICELA, ANA Part timer	3754.73	12385.54	110.43
093905429	MUNOZ, ALMA R	5117.71	13385,46	175.07
678092143	MURILLO, NORMA A Supervisor	4608.64	13812.65	122.99
034455836	NADALEZ, MARISOL	1576.72	1576.72	18.31
155069976	NARIMANOV, RAMAY	7571.38	27983.78	958.22
045563201	NORALES, SILVIE	3728.13	5800.42	134.42
05084478	noriega III, Nelson ما اوملا	4126.49	4825.12	157.74
126889565	NUNEZ, CARMELINA part time?	0.00	221.00	3.58
115861967	NUNEZ, LOURDES part times	4512.75	15084.43	319.36
074744659	NUNEZ, VALENTINA	0.00	4078.29	96.98
584537634	OLIVARI, LUIS worked 2 week	S 0.00	509,64	4.43
127687670	ORISME, CELLIE	4808.11	14585.55	491.08
111606272	ORTIZ, CARLOS	0.00	8186.50	200.77
093523710	ORTIZ, EDWIN part timer	5844.95	10419.95	397.16

age No. 8 of 13 Total this page only .... If first page, enter grand totals of all pages .....

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ORTIZ, MIGUEL R was ked 1.5 month 3014.20

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128667048

48663.81

Case 1:07-cv-06999-DLC Document 25-6

Filed 03/25/2008

Page 26 of 31

YS-45-ATT-MN (1/06)

B & M LINEN

## Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



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Tax 06

YY

Withholding Identification Number: 113150042

Mark an X in the applicable box(es):

A. Original

or Amended return

Employer Legal Name:

2 3 B. Other wages only reported on-this page

C. Seasonal employer:....

		·	Annual wage and with	holding totals
Quarterly	y employee/payee wage reporting	·	If this return is for the 4th que return you will be filing for the complete columns dande.	uarter or the last ne calendar year,
a Social security number	b Last name, first name, middle initial	c :UI total remuneration/gross wages paid this quarter	Gross wages or d distribution (see insit.)	e Total tax withheld
109461114	ORTIZ, RAFAEL was Mi	ed for 5p Job 0.00	15950.27	775.23
583372922	PACHECO, CARMELO part	- Juner. 2246.26	11947.91	278.69
093903142	PAYERO, ANGELA Supe	1 VI 50( 4733.43	15417.69	384.86
068921207	PENA, FRANCISCO	4989.91	16367.05	620.37
054740156	PENA, JENNIFER wook	ed I month 900.00	900.00	29.10
062966150	PEREZ, GLADYS E	4031.71	5803.62	162.48
165287954	PEREZ, JAQUELINE	4633.40	13414.00	131.86
581359400	PEREZ, JOSE L	4191.35	10072.47	241.52
129742559	PEREZ, LUIS E wooke	12 weeks 0.00	712.13	17.04
134605706	PEREZ, MICHAEL wake	d 1 month 0.00	1036,14	2.73
021885611	PESADO, MARIELA Part	•	15265.59	274.84
094825596	PITTER, GEOFFERE G fo	11 tunor 8100.00	18900.00	1155.06
	POLYACHENKO, VASILI			
052848856	RAMIREZ, EDWIN worker	d week 0.00	151.88	0.69
113584748 -	RAMIREZ, SANDRA WOOLE	ed dweeks 0.00	740.79	9.74
066121342	RAMOS, BANNY Pout tu	me( 3304.51	3304.51	59.26
If first	_ Total this page only page, enter grand totals pages	42039.41	136759.05	4425.62

### -45-ATT-MN (1/06)

### Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



Withholding Identification Number: 113150042

Mark an X in the applicable box(es):

2

A. Original

or Amended return

Jan 1-Mar 31

3

B. Other wages only reported on this page

C. Seasonal employer .....

Employer Legal Name:

3 & M LINEN

Quarterly emplo	oyee/paye	e wage	reporting	information
				•

Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	Gross wages or distribution (see instr.)	e Total tax · withheld
128580747	RAMOS, CARLOS worked	1 week 0.00	226.13	1.63
584891922	RAMOS, PEDRO worked	1.5 months 0.00	2038.48	35.59
016833278	REYES, OFELIA Superon	4141.42	13607.84	248.80
597803014	RIJO, BARBARIN ALCA	Atmer 4389.63	9198.89	207.05
582858259	RIVERA, CHALIN 64 in	2332 عمد	2332.25	. 63.99
584727682	RIVERA, EDIBERTO COW	alked 1.5mopho.00	. 2156.89	56.13
583721423	RIVERA, FRANCISCO Part	tune ( 7080.00	25563.33	995.15
597018616	RIVERA, JOSE worked 1	week 558.75	558.75	19.17
582575247	RIVERA, MARCOS Worked	I week 0.00	151.88	0.69
120927479	RIVERA, ROSA Part tim	4416.92	13369.94	138.64
581996922	RIVERA, WILBERT E wo	ked I week 0.00	416.00	7.92
069958120	ROBLEDO, LUIS part lu	3458.33	11141.67	270.94
095921136	RODRIGES, ANTONIO PO(	times 5120.00	18931.28	615.64
592516077	RODRIGUEZ, ADALGIZA	5004.44	16896.20	620.36
129922653	RODRIGUEZ, CARMEN D	5502.81	17257.70	616.29
118866764	RODRIGUEZ, HILSON part	Ltimer 3085.00	4370.70	142.37
•	Total this page only page, enter grand totals	45089.55	138217.93	4040.36

of all pages ......

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PO BOX 4119 **BINGHAMTON NY 13902-4119**  Filed 03/25/2008 Page 28 of 31

# (1/06)

### Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



Vithholding Identification Number: 113150042

Mark an X in the applicable box(es):

A. Original

or Amended return

Jan 1-Mar 31

2 Other wages only reported on this page

C. Seasonal employer .....

3 & M LINEN

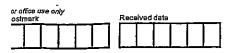
imployer Legal Name:

Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, Quarterly employee/payee wage reporting information complete columns d'and e. c UI total remuneration/gross Gross wages or e Total tax Social security number b Last name, first name, middle initial distribution (see instr.) wages paid this quarter withheld 023083421 RODRIGUEZ, JAQUELIN 5046.10 13400.24 100.73 107881464 RODRIGUEZ, JEIME 0.00 5329.04 188.31 ROJAS, CRISTOBAL L Part time? 584575157 7166.38 100.72 ROSADO, ANTHONY worked I week 300.00 055541069 300.00 9.70 ROSADO, JOSE worked 3 weeks 102583957 1059.76 10.87 583415545 ROSARIO, CARIOS 0.00 1531.11 24:07 RUEDA, PETRA 086050473 2217.53 30.44 ANTHONY, worked 1.5 month 0.00 067648783 2545.87 108.43 HECTOR Port timer 582299203 SANCHEZ, 0.00 5105.54 150.08 port timer 082784903 SANCHEZ, JUANA 6028.93 139.54 106729957 SANTIAGO, RADHAMES part time 4200.78 4599.04 152.97 581351828 SIFUENTES, LUIS A.R worked month.00 1046.50 17.81 SILVA, DULCE part timer 076809669 2764.25 89.03 SILVA, NANCY worked 1.5 month 500.00 583177018 500.00 10.67 SOLOVYEVA, SVETLANA THAXTON, PARRISH MWORKEL MONTH 773.89 1773.89 134628340 77.54 23952.55 83968.08  $_{\text{ige}}$  No.  $\underline{11}$  of  $\underline{13}$  Total this page only .... 2979.43 If first page, enter grand totals

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of all pages ......

PO BOX 4119 **BINGHAMTON NY 13902-4119** 



## (1/06)

### Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



Withholding Identification Number: 113150042

Mark an X in the applicable box(es): A. Original or Amended return

Jan 1-Mar 31

B. Other wages only reported on this page

Annual wage and withholding totals

C. Seasonal employer .....

### Employer Legal Name:

B & M LINEN

		•	Annual nage and with	Totaling totals
addition to the state of the st			If this return is for the 4th que return you will be filing for the complete columns d and e.	
Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	Gross wages or distribution (see insir.)	e Total tax withheld
073745624	TOMAS, ELISEO part		18774.62	514.89
085504666	TORRES, JOSE Past	Luner 6090.00	6090.00	274.64
583517978	TORRES, RAUL worked	2 warks 0.00	465.76	10.82
583829793	TORREZ, LINNETTE Worl	ced 1 month 633.50	2218.01	14.20
074625555	TRINIDAD, BUENAVENT	vorked [man/R140.50	2140.50	72.30
115561594	URBISTONDO, RAYMONDA	sorked awalls 0.00	560.26	8.54
087685849	•	timer 0.00	1041.63	29.50
584953166	VALEZ, MIGUEL A PAG	-timer 500.00	500.00	8.32
133708764	VALLE, IVAN wooked	tweek 0.00	199.13	0.69
473833659	VAQUERO, RODRIGO	5227.61	17060.70	518.76
146957123	VAQUERO, WILFRIDO	0.00	5365.92	152.64
054803376	VASQUEZ, CARLOS A	4089.63	6207.13	151.36
066804532	•	1 Ked 1.5 mon 13190.36	3190.36	62.66
102586229	VEGA, ROBERTO woo Iced	1 month 1971.40	1971.40	93.09
584478671	VERDEJO, RAMONWOCK.	LI week 0.00	138.38	0.07
627012738	VIKLEA, ISABEL PALL	hmer 4980.61	15685.21	. 211.38
·	_ Total this page only page, enter grand totals	33973.23	81609.01	2123.86

of all pages .....

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**BINGHAMTON NY 13902-4119** 

NYS-45-ATT-MN (1/06)

imployer Legal Name:

3 & M LINEN

# Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment



Vithholding Identification Number: 113150042

Mark an X in the applicable box(es):

A. Original

or Amended return

Jan 1-

Apr 1-Jun 30 July 1-Sep 30

Year

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B. Other wages only reported on this page

C. Seasonal employer .....

Quarterly employee/payee wage reporting information			Annual wage and withh If this return is for the 4th que return you will be filing for the complete columns d and e.	arter or the last
Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	Gross wages or d distribution (see main)	e Total tax withheld
069680031	WILLIAMS, EDWARD 00(	red I week 0.00	313.88	0.48
592658233	• • •	tune 2766.40	2766.40	53.50
679097622	ZALDIVAR, MIRIAM 🙌 A	- time ( 0.00	8164.40	31.73

ge No. 13 of 13 Total this page only ....

If first page, enter grand totals

of all pages ......

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PO BOX 4119
RINGHAMTON NY 12902 44

BINGHAMTON NY 13902-4119

Withholding Identification Number 113150042



#### Part D - NYS-1 corrections/additions

Ise Part D only for corrections/additions for the quarter being reported in Part B of this return. To correct original withholding information ported on Form(s) NYS-1, complete columns a, b, c and d. To report additional withholding information not previously submitted on orm(s) NYS-1, complete only columns c and d. Lines 12 through 15 on the front of this return must reflect these corrections/additions.

а	b	. с	d
Original	Original	Correct	Correct
last payroll date reported on	total withheld	last payroll date	total withheld
Form NYS-1, Line A (MMDD)	Reported on Form NYS-1, Line 4	(MMDD)	

#### Part E - Change of business information

ъ	DΣ	1,1	111111	T.	N	
22	0	CC	STE	₹	STR	
ΒF	103	lΧ,	ИХ	1	.0474	

Taxpayer	's trade name			
c/o: 🗀	attn:	applicable, mark either box	and enter name)	
Number a	nd street or l	box		
City		State	ZIP code	

If the above address is for your peld preparer, mark this box and the clo box, and enter preparer's name on the second line above......

If you permanently ceased paying wages, enter the date (MMDDYY) of the final payroll (see Note below)							
Did you sell or transfer all or part of your business?		≪ Yes		No			
If Yes, indicate if sale or transfer was in	Whole	or	Part				
mplete Form DTF-95, Business Tax Account Update,	to repor	t changes in	federa	al identification numb			

ber/ withholding ID number, ownership, siness name, business activity, telephone number, owner/officer/partner/responsible person information or changes that affect any other tax ninistered by the NYS Tax Department. For questions regarding additional changes to your unemployment insurance account, call the Department \_abor at (518) 485-8589 or 1 888 899-8810.

ou are using a paid preparer or a payroll service, the section below must be completed.

aid 'eparer's se	Preparer's signature	Telephone number 7189346445	Date 101707		can XII employed -	Preparer's SSN or PTIN
	Preparer's firm name (or yours, if self-employed)	Address3105 BRIGHT	ON 3RD S	I 3RD ST., Premarer's E		Ý
	WEINSTEIN, GALAK & Co	BROOKLYN, NY 112	235		2010698	32-6
vroli service nam	16		1	Pavroll	service's EIN	

Pavroll service's EIN

ecklist for mailing:

File original return and keep copy for your records

- · Complete lines 9 and 19 to ensure proper credit of payment
- Enter your Withholding ID Number on your remittance
- Make remittance payable to NYS Employment Taxes
- Enter your telephone number in boxes below your signature Need help or forms? Call 1.800 972-1233

Mail to: